

California's Supportive Housing Initiative Act (SHIA) Program Evaluation Report

Fiscal Year 2002 - 2003

A Report to the Legislature in Response to

Health and Safety Code Section 53311



C A L I F O R N I A D E P A R T M E N T O F
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California's Supportive Housing Initiative Act (SHIA) Program Evaluation Report

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EXECUTIVE SUMMARY

This document is a report to the legislature regarding the evaluation of the Supportive Housing Initiative Act (SHIA), as required by the Health and Safety Code Section 53311. The intent of SHIA is to provide grants for community-based supportive housing, and to promote investment by local governments, and the nonprofit and private sectors in the expansion and strengthening of supportive housing opportunities in California. The target populations for these programs are low income Californians with disabilities such as mental illness, chemical dependencies, developmental disabilities, and chronic health conditions. Also included are families with minor children, veterans, individuals exiting from institutional settings, or young adults aging out of the foster-care system, who are homeless or at risk of becoming homeless. The goal of all SHIA programs is to provide stable housing, along with the supportive services necessary to keep participants from returning to homelessness. Currently SHIA grant funds are being used to lease needed housing, and to provide services that help people obtain and maintain housing (e.g., employment services, case management, and medical service coordination). Through collaboration, partnerships, and interagency coordination among numerous departments at the state and community levels, SHIA offers its participants the opportunity to regain a stake in their communities.

Major findings from the third year evaluation of SHIA programs are as follows:

1. Across California, a total of 46 supportive housing programs are currently operational and have provided supportive housing services to 2,151 participants in 54 cities since these programs began in the fall of 2000.
2. SHIA programs are clearly serving the intended, diverse target populations. A wide variety of clients are receiving housing and other supportive services, including homeless individuals (or those at risk of homelessness) who are mentally ill or dually diagnosed with mental illness and substance disorders, those with serious and/or chronic medical conditions, physical and/or developmental disabilities, veterans, senior citizens, transition-age youth, and families with minor children.
3. 86% of SHIA participants have maintained stable housing since the programs began.
4. The majority of participants reported improvement across numerous quality of life domains as a result of SHIA programs and services, i.e., general quality of life, daily activities and

functioning, family and social relationships, safety, living situation and health.

5. SHIA helped the majority of participants who had no income at enrollment increase their income. Also, the majority of participants with income at SHIA enrollment, either maintained or increase their income level.
6. The majority of SHIA participants reported improvement with respect to seven areas of personal functioning as a direct result of SHIA services. In particular, SHIA services dramatically affected participants' ability to deal more effectively with daily problems (83.8%), ability to control their lives (83.2%), and ability to deal with crisis (79.1%).
7. Participants reported being pleased with the services they received through SHIA programs. General satisfaction levels, and satisfaction with access and appropriateness of services were all rated quite high.

Evaluation results indicate that SHIA legislation and its programs are addressing a public health need by recognizing the vital relationship between a stable home and the opportunity to stabilize functioning and improve quality of life. As we progress into the fourth year of SHIA program implementation and evaluation, we recognize that the hope for housing stability and improved quality of life for disabled people is being realized. The Department of Mental Health and SHIA programs are accountable for both SHIA funding and the public's trust for appropriate implementation of the SHIA philosophy. Through evaluation and oversight, the most effective models of supportive housing are being utilized, resulting in people with disabilities living independently and successfully within California communities.

ISSUE STATEMENT

This document is a report from the California Department of Mental Health to the Legislature regarding the evaluation of the California Statewide Supportive Housing Initiative Act (SHIA), as required by the Health and Safety Code Section 53311. Specific legislative requirements of the evaluation report include number and demographic characteristics of persons housed, housing locations, extent of housing stability, and changes/improvements in income levels and health status (to the extent available).

BACKGROUND

The latter part of the twentieth century saw a continuing increase in the number of Californians without permanent housing. Factors contributing to this increase included the deinstitutionalization of individuals with mental illness, periods of economic recession, population growth, reductions in welfare programs, and a general decline in the availability of low cost housing. By 1998, over 150,000 people were homeless in California with at least half being disabled by mental or physical illness, and/or having other special needs. The resulting homeless and disabled persons on many streets in California, and the existence of unsafe, unsanitary housing conditions, inspired the legislation that would establish a supportive housing initiative in California.

In 1998, the California Statewide Supportive Housing Initiative Act (Chapter 310, Statutes of 1998) was enacted. Senate Bill 1593 (chapter 667, Statutes of 2000) subsequently added to the Health and Safety (H&S) Code (Sections 53250 through 53315), specific provisions for implementing supportive housing programs under SHIA.

By the latter part of the year 2000, eleven programs were funded through SHIA. Due to the obvious success of the early programs, more funding was allocated to support the development of more SHIA programs in communities where they were needed. Within less than three years, SHIA funding has been appropriately utilized to develop and operate what are now 46 successful programs statewide.

The goal of all the SHIA programs is to provide stable housing, along with the supportive services necessary to keep participants living as independently as possible. Through collaboration, partnerships, and interagency coordination among numerous departments at the state and local, community levels, SHIA has expanded and strengthened supportive housing opportunities for low income Californians with disabilities. SHIA offers its participants the opportunity to regain a stake in their communities by blending affordable housing with necessary supports and coordinated services.

OBJECTIVE

The objective of this third Annual Report is to provide the Legislature with detailed information regarding the Supportive Housing programs, in accordance with H&S Code Section 53311.

STUDY METHODOLOGY

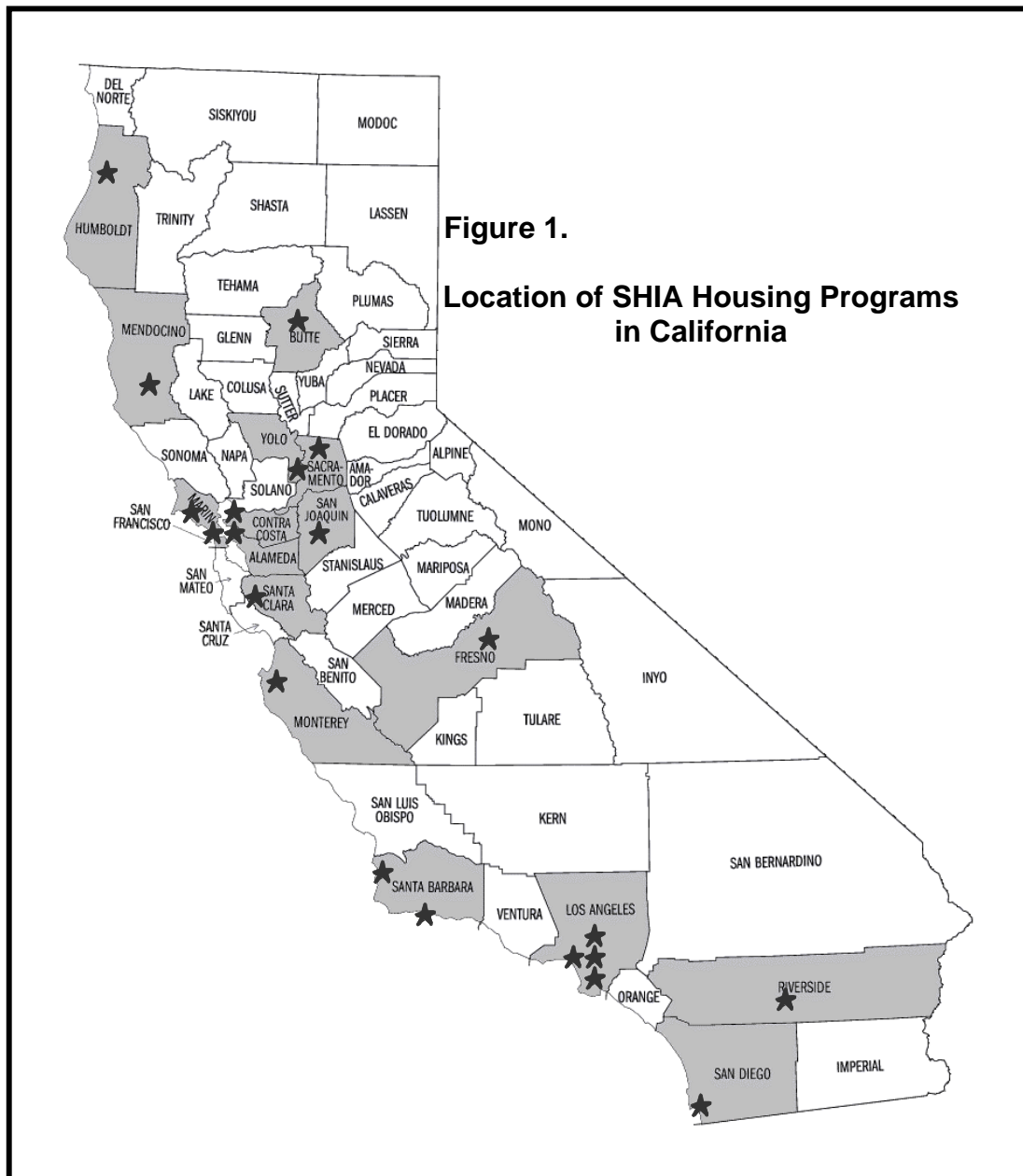
Program evaluation methods were used that targeted the specific legislative requirements regarding program locations, participant population descriptions, as well as stability, income and health outcomes. In addition, SHIA evaluation methods were designed to capture data on outcomes of particular interest to local programs and oversight entities. As a result, and in order to inform the quality improvement process, participant perceptions of services, and improvement with respect to functioning and quality of life outcomes were assessed as a function of SHIA program involvement.

Specifically, data were collected on SHIA participants as they entered their program, every six months thereafter, and/or at exit from the program. Data collection targeted the (1) counties and cities in which the housing is located, (2) number of participants and their demographic characteristics/ disability history, (3) improvement along quality-of-life dimensions including housing stability, income, health, social contacts, general life satisfaction, and personal safety, (4) improvement in personal functioning, and (5) participant satisfaction with services from the Supportive Housing Initiative programs.

FINDINGS

Location Of Housing

Due to the shortage of affordable housing that extends to almost all areas of California – urban and rural alike, SHIA programs have been developed in many areas of California. Shaded regions of the map, below, show the counties in California with SHIA programs. The stars further show the general locations (both urban and rural) of program sites within each county¹.



¹ There are more SHIA program sites than number of stars pictured on the map. Stars are meant to indicate the general location of programs within counties.

Housing programs are available in urban areas such as San Francisco and Los Angeles, as well as in rural areas in such counties as Humboldt, Butte, and Marin (e.g., Bolinas). Table 1 provides a listing of the cities within each county in which programs are located, as well as the number of programs in each county. Several programs have multiple housing sites to meet the housing needs specific to their communities. A total of 63 SHIA housing sites are managed by 46 programs, statewide.

TABLE 1 LOCATION OF SHIA PROGRAMS

COUNTY	NUMBER OF PROGRAM SITES	CITIES IN WHICH PROGRAMS ARE LOCATED
Alameda	6	Alameda, Berkeley, Oakland
Butte	1	Oroville
Contra Costa	1	Antioch, Baypoint, Martinez, Concord, Orinda, Pittsburg, Richmond, San Pablo
Fresno	2	Fresno
Humboldt	1	Eureka
Los Angeles	16	Culver City, Hollywood, Lancaster, Long Beach, Los Angeles, Pasadena, Palmdale, Santa Monica
Marin County	2	Bolinas, Corte Madera, Fairfax, Marin City, San Anselmo, Tiburon, Larkspur
Mendocino	1	Ukiah
Monterey	1	Monterey
Riverside	1	Coachella
Sacramento	1	Sacramento
San Diego	5	Alpine, Chula Vista, El Cajon, Escondido, Fallbrook, Imperial Beach, Oceanside, Ramona, San Diego, San Marcos, Vista
San Francisco	4	San Francisco
San Joaquin	1	Stockton
Santa Barbara	1	Goleta, Santa Barbara, Lompoc, Santa Maria;
Santa Clara	1	San Jose
Yolo	1	Woodland, Davis, West Sacramento
Total	63	

Each of the 46 programs is designed to serve a specific target group or groups, and the services offered by each program are tailored to the needs of its target population. SHIA programs target people with numerous disabilities and concerns, e.g., those with mental illness, substance problems, chronic illness (HIV/AIDS), transition-age youth, and those with multiple, co-occurring disorders. The brief program/service overview (below) illustrates the diversity of SHIA program services and participants.

Program/Service Overview

Many of the individuals participating in the SHIA programs suffer from chronic health problems and disabilities. Consequently, accessible healthcare has emerged as one of the most useful supportive services. Many programs offer participants health care by staffing a nurse or physician, other programs offer wellness clinics where participants may receive education on a variety of health care issues. Marin County Housing Authority, for example, has an integrated services team that offers medical services at its housing sites. Home visits by nursing staff have greatly improved assessment and participant access to necessary services for mental illness, addiction, and disability.

Currently, nine programs serve individuals with HIV/AIDS. In particular, Project New Hope and Hollywood Community Housing Corporation focus exclusively on individuals diagnosed with HIV/AIDS. Both programs provide housing in new or newly remodeled apartments located in Los Angeles. Services provided both onsite and in the community enable these SHIA program participants to live independently in spite of their chronic illness.

Serving individuals with co-occurring mental illness and substance disorders is the primary focus of several SHIA programs. In particular, Contra Costa County offers housing in multiple locations, in the cities of Richmond, Concord, and Antioch to individuals who have co-occurring disorders. This program uses an integrated services team that provides professional services and education, and combines that with peer support and community involvement.

Five supportive housing programs serve transition-age youth. These programs have been developed in San Diego County, Humboldt County, Alameda County, and San Francisco County. The Ellis Street Program in San Francisco provides housing to formerly homeless young adults, some of whom have exited the foster care system and others that have lived on the streets as runaways. There are 24 studio apartments at the Ellis Street site, and the target population includes individuals with mental illness and co-occurring disorders.

Because participation in SHIA services is voluntary, a strong services team and realistic engagement strategies are imperative. The philosophy of *meeting clients where they are* has been crucial to program success. In several urban, single-room-occupancy hotel programs one successful engagement strategy has been to locate staff in the hotel lobby in order to develop relationships with the tenants, as well as to engage other potential participants. Acceptance and engagement in supportive services is based on mutual trust, and programs have found that some of the more intuitive strategies have been the most valuable.

SHIA Funding Appropriation and Service Expenditures

Since the implementation of SHIA during calendar year 2000, a total of 2,151 people have received SHIA outreach, housing, and services provided by 46 programs statewide. An amount of \$10.4 million was appropriated to subsidize rental costs, to support the disbursement of rental subsidies by the Department of Housing and Community Development, as well as to support the administration of the SHIA programs by the Department of Mental Health. An amount of \$36.8 million was appropriated over the course of three years for the provision of services and for local administration of SHIA programs in California communities. Services include, but are not limited to, health and mental health care, drug and alcohol prevention and treatment services, assistance in maintaining housing, obtaining/maintaining public benefits/entitlements, and employment, vocational and educational services. Between 2000 and 2002, each of the 46 SHIA programs received a one-time allocation or contract award to be used across a three-year period, with programs starting on a staggered basis during that time period. As of the March 1, 2003 data submission deadline, eleven programs had been in operation for two and one-half years, twenty programs had been providing services for one and one-half years, and fifteen programs were operational for approximately eight months. By the data submission deadline, DMH had received invoices or notification of expenditures totaling approximately \$10.6 million of the \$36.8 million appropriation – a reasonable expenditure amount considering the staggered implementation of the programs. Dividing the total amount invoiced/expended by the number of participants served during the programs' varied lengths of time in operation (N=2,151) yields an average expenditure per client of \$4,950 for SHIA services as of March 1, 2003. Later sections of this report demonstrate the substantial, positive effect this expenditure has on participant outcomes. A more thorough analysis of cost and expenditures will be provided in a final report to the legislature once all programs have completed their third SHIA year.

Description of SHIA Program Participants

SHIA participant demographic and disability information for the current report is based on 34 (out of 46 total) programs that were in full operation and able to report data to the Department of Mental Health before March 1, 2003². The descriptive information provided in this section is based on 2,021 SHIA participants who agreed to participate in the program evaluation³. The table below shows the number of these participants by SHIA program.

² Data were requested from SHIA programs by March 1, 2003, in order that analyses could be conducted in a timely manner for this report.

³ All participants entering the supportive housing programs were eligible to participate in the evaluation, but it was not a requirement of participation in the programs. Therefore, the data presented in this report are only reflective of those participants who were willing to participate in the evaluation process.

TABLE 2 NUMBER OF SHIA PROGRAM PARTICIPANTS BY PROGRAM

Program (County)	Participants	% of Total
Alameda County Housing (Alameda)	113	5.6%
Building Opportunities for Self Sufficiency (Alameda)	76	3.8%
Fred Finch Youth Center (Alameda)	14	0.7%
Lifelong Medical Care (Alameda)	184	9.1%
Alameda County Housing & Community Dev. (Alameda).	9	0.4%
Oakland Community Housing, Inc (Alameda)	60	3.0%
Butte County	44	2.2%
Contra Costa County	137	6.8%
Fresno County Mental Health	21	1.0%
Redwood Community Action Agency (Humboldt)	36	1.8%
Asian Pacific Counseling (LA)	25	1.2%
The Village(LA)	17	0.8%
Homes for Life (LA)	23	1.1%
Ocean Park Community Center (LA)	16	0.8%
Lamp, Inc. (LA)	37	1.8%
Los Angeles County Mental Health (LA)	16	0.8%
Project New Hope - Nyumba (LA)	29	1.4%
SRO Housing (LA)	188	9.3%
Mental Health Assoc. Los Angeles Co (LA)	20	1.0%
Marin County (Marin)	50	2.5%
Marin County II (Marin)	95	4.7%
Mendocino County (Mendocino)	15	0.7%
San Diego County (San Diego)	33	1.6%
St. Vincent de Paul (San Diego)	51	2.5%
San Diego County Health & Human Services Agency (San Diego)	40	2.0%
The Association for Community Housing Solutions (San Diego)	20	1.0%
Alpha Project for the Homeless (San Diego)	83	4.1%
The Arc (San Francisco)	30	1.5%
San Francisco Dept. of Human Service (San Francisco)	140	6.9%
Chinatown Community Development Center (San Francisco)	69	3.4%
San Joaquin County	66	3.3%
Santa Barbara County	73	3.6%
Emergency Housing Consortium (Santa Clara)	119	5.9%
Yolo Community Care Continuum	72	3.6%
TOTAL	2,021	100%

Demographic Characteristics

SHIA programs are serving a diverse group of participants. Findings from recent studies of homelessness have documented dramatic changes in the characteristics of the homeless population since the 1970s. While homeless people of the 1950s - 1970s were predominately older, white males, suffering

with alcoholism, the “new” homeless are more heterogeneous and have multiple conditions and concerns⁴. The homeless population now includes more single women, more families, more minorities, and more individuals with mental and/or physical disabilities. Participants in the SHIA programs reflect the changes in the characteristics of the California homeless population.

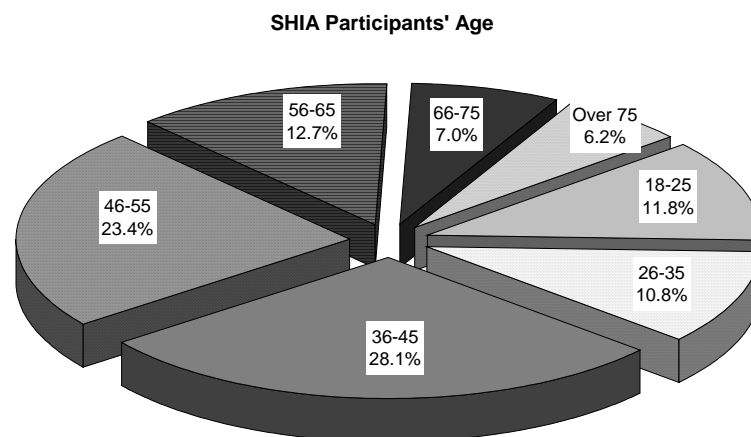
Participant Demographic Characteristics

SHIA serves homeless men and women (and those at risk of homelessness) of all ages and races/ethnicities, including dual and single parent families with children. The age group, gender, and race/ethnicity percentages⁵ of participants are shown in Figures 2, 3, and 4, (respectively) below.

Age

The data on age demonstrate that SHIA is serving a broad range of persons with respect to age, consistent with the intent of SHIA legislation. The largest age group served includes those individuals between the ages of 36 and 45 (approximately 28%), followed by those between ages 46 and 55 (approximately 23%). In addition, over 13% are over the age of 65, while nearly 12% are young adults, transitioning from adolescence into their early adult years (ages 18-25).

Figure 2.



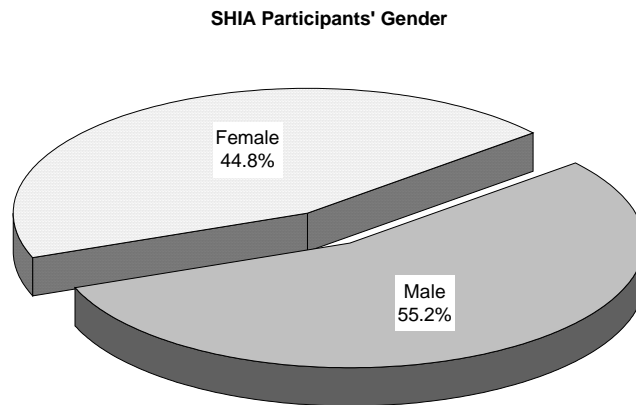
⁴ Rossi, Peter H. 1990. "The Old Homeless and the New Homelessness in Historical Perspective." *American Psychologist* 45:954-959.

⁵ Percentages are based on 2,021 participants. Where missing data were encountered, percentages are reflective of the data that were reported.

Gender

SHIA's service population percentages regarding gender are reflective of the homeless population in general, and the large number of homeless women in California with respect to previous decades. Nearly 45% of SHIA program participants are currently women.

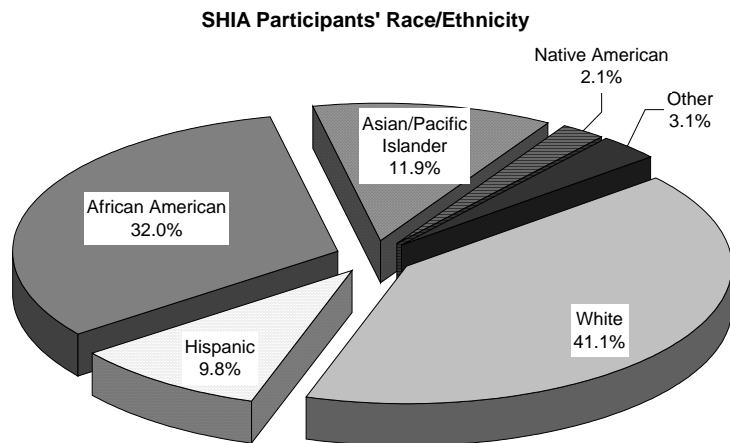
Figure 3.



Race/Ethnicity

The data on participant race/ethnicity further demonstrate that SHIA is serving homeless people, consistent with the cultural diversity of California.

Figure 4.



Families with Children

SHIA additionally focuses on including participants with children and serving homeless families. Over 10% of SHIA participants have their children living with them in SHIA housing. Of those, 78% are single, divorced or widowed parents, who through the assistance of SHIA programs are overcoming difficult life circumstances and making strides in providing for and caring for their children.

Disabilities and Special Needs

SHIA programs emphasize access to meaningful, supportive services by Californians with disabilities and special needs. Disabilities include mental illness, substance abuse, chronic health conditions (e.g., HIV/AIDS), and developmental disabilities. Tables 3 through 7, below show the percentages of SHIA participants with mental illness, substance diagnoses, developmental and physical disabilities, as well as health conditions.⁶

⁶ The disability categories depicted in the tables are not mutually exclusive, as an individual may have more than one disability.

Table 3.

Mental Health Diagnosis	
Schizophrenia/ Psychosis	23.8%
Depression/Mood Disorder	29.9%
Anxiety/Other Disorder	7.8%
Not Applicable	38.5%
Total	100.0%

Table 4.

Substance Abuse Diagnosis	
Alcohol Abuse/Dependence	10.3%
Drug Abuse/Dependence	9.6%
Drug and Alcohol Abuse/Dependence	20.6%
Not Applicable	59.5%
Total	100.0%

Table 5.

Physical and Developmental Disabilities	Yes	No	Total
Physical Disability	26.6%	73.4%	100.0%
Developmental Disability	9.2%	90.8%	100.0%

Table 6.

Physical Health Problems	
Major Physical Health Problems - confined to bed or wheelchair most of the time (e.g., advanced cancer, cerebral palsy)	2.7%
Serious, Chronic Physical Health Problems - which cause serious impairment in mobility, speech, vision, etc., despite use of glasses, hearing aids, etc.	9.8%
Moderate Physical Health Problems - which cause some difficulty in functioning (e.g., moderate hypertension, mild cerebral palsy, problem requires medical follow-up several times per year)	22.0%
Minor Chronic Physical Health Problems - which cause minimal impairment in functioning (e.g., mild asthma, epilepsy, hearing problem corrected with a hearing aid)	18.8%
Not Applicable	46.7%
Total	100.0%

Nearly 62% of SHIA participants were assessed as having a mental disorder, while approximately 41% have a substance abuse diagnosis. (A total of approximately 30% were assessed as having concurrent mental health and substance abuse disorders.) Additionally, approximately 27% and 9% have physical and developmental disabilities, respectively. Furthermore, over 30% of participants have moderate, serious or major physical health problems.

In addition to being low income Californians with disabilities, many SHIA program participants have additional special histories and needs that are associated with a high risk of homelessness. These include HIV/AIDS, recent release from jail/prison, TANF recipient and military veteran status, and previous foster care system involvement. Just under 10% of the participants in the SHIA programs have HIV/AIDS, 8% are veterans, 3% are transitional age youth, of whom half were aging out of the foster-care system, and approximately 2% were at risk of homelessness because of their recent release from jail/prison.

SHIA programs have made substantial progress in developing and implementing services that benefit those with disabilities and special needs. Having a stable place to live is critical to managing one's physical and mental health, as well as to addressing other developmental conditions and life circumstances. Without stable housing, medical conditions worsen, mental illness is exacerbated, and crises are extremely difficult to withstand. One of the benefits of supportive housing is that it connects (and reconnects) participants with needed treatment and services. Housing, in conjunction with the supportive services provided through SHIA programs, help participants maximize their potential for successful functioning.

SHIA Services Provided

The strength of the SHIA programs is the provision of both housing and a variety of services to help participants maintain housing. These services include linking participants to a variety of treatment services, as well as services related directly to housing. The following types of services are provided by SHIA programs either on-site or through coordinated, inter-agency processes.

- Health care services and referral (including immunizations, physical examinations, prenatal and nutritional care, and vision and dental services);
- Mental health services (including, screening, assessment, diagnostic services, crisis intervention, case management, family support and parenting education);
- Drug and alcohol prevention and treatment services;
- Employment, vocational and education services;

- Skill-building and peer support with regard to activities of daily living, including socialization, transportation and engagement in the community.
- Planning/referral to housing, assistance in applying for and obtaining housing, and assistance in maintaining housing.

Stability of Housing

Approximately 50% of individuals served through SHIA were homeless at admission into their SHIA program, while the other half were at risk of homelessness. The rapidly rising revenue from real estate sales and leasing in California in the 1990's prompted a number of apartment owners to sell or upgrade existing apartments, thus pricing the apartments out of the affordable housing market. This trend unfortunately has continued even into more recent years and often affects long-term renters, such as disabled senior citizens.

One of the advantages of the SHIA program is that it admits low-income residents who are at risk of losing their housing. This preventive aspect of SHIA has helped numerous participants relocate instead of becoming homeless. SHIA programs not only obtain housing for participants, they are invested in helping them maintain stable housing. Housing stability, as measured by the proportion of all participants housed who are still in SHIA housing, is quite high: 86% of SHIA participants have maintained stable SHIA housing. Only 1% of participants were evicted due to lease violations. The remainder left programs of their own accord or were placed in appropriate 24-hour mental health, substance abuse, or other residential facilities.

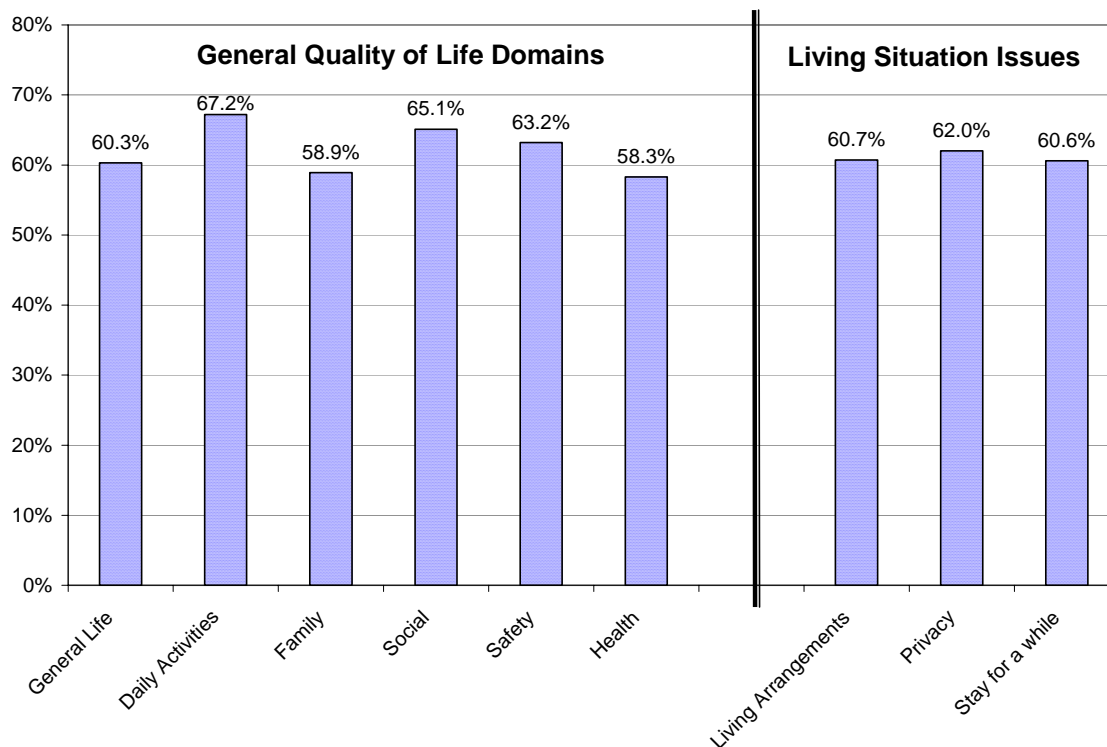
Improvement in Quality of Life

SHIA participants reported significant improvement in satisfaction across quality of life domains (i.e., general quality of life, daily activities and functioning, family and social relationships, safety, living situation, and health) after approximately six months⁷ in the supportive housing programs⁸. As depicted in Figure 5, depending on the quality of life indicator, between 58% and 67% of participants reported improvement.

⁷ Data from 506 SHIA participants who agreed to participate in the evaluation and who responded to quality of life questions at enrollment and between 4 and 8 months post enrollment were used in the analyses for this section of the report.

⁸ Differences between enrollment and 4 to 8 months after enrollment for all quality of life domains (satisfaction with general life, daily activities and functioning, family, social relationships, safety, living situation and health) were statistically significant, $p < .001$.

Figure 5. The Majority of Participants Report Improvement Across Quality of Life Domains



With regard to general quality of life domains, the greatest improvement was seen in satisfaction with daily activities and functioning, followed closely by satisfaction with social relationships. Satisfaction with health was slightly lower than some of the other domains; yet this result might be expected given the large percentage of participants with physical health problems (see Table 6).

Participants' satisfaction with three aspects of their living situation were also found to be statistically significant between enrollment and (on average) six months post enrollment⁹. Nearly 61% of participants reported improvement in their satisfaction with living arrangements, 62% reported improvement in satisfaction with the privacy of their living situation, and over 60% reported feeling more positive about the prospect of staying in that living situation for a long period of time as compared with how they felt prior to receiving SHIA services. These are important outcomes that housing and associated services are likely to be influencing. It is important to note, however, that many of the participants were already housed at the time of admission to the SHIA programs and that SHIA funds were used to provide increased services to help participants maintain their housing. Thus, participants who were already satisfied with their

⁹ Differences between enrollment and 4 to 8 months after enrollment for all living situation issues measured (satisfaction with living arrangements, privacy and the prospect of staying for a while) were statistically significant, $p < .001$.

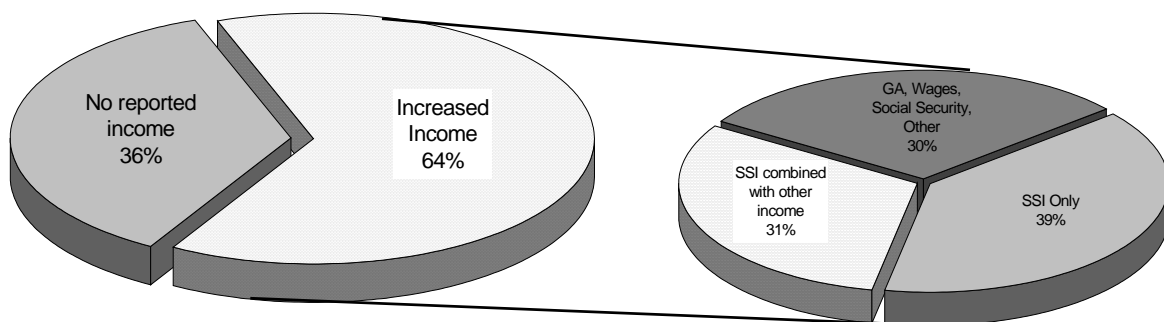
living situation and related issues at enrollment would not be expected to have increased satisfaction six months later.

Changes in Income

One of the goals of SHIA programs is to help participants increase and/or maintain their income. The changes in income reflected in Figures 6 through 8, below, are based on data obtained at enrollment and at the participant's most recent assessment of income while involved in the SHIA program¹⁰. The graphs illustrate a positive trend in SHIA programs' ability to help participants increase and/or maintain their income.

Figure 6 shows the most recent income status of participants who reported no income at SHIA enrollment¹¹. At their most recent assessment of income, approximately 64% had increased their income: 39% had applied for and received Supplemental Security Income (SSI), 31% were receiving SSI and supplementing that income with wages, social security, etc., and another 30% were receiving wages, social security, and or General Assistance (GA). SHIA programs are working diligently to provide participants with connections to employment and other income resources, including appropriate benefits/entitlements. It should be noted, however, that the processing of SSI applications may take in excess of several months. Therefore, some participants at their latest income assessment may not have been involved in SHIA programs long enough to have had SSI or other applications for benefits/entitlements processed.

Figure 6.

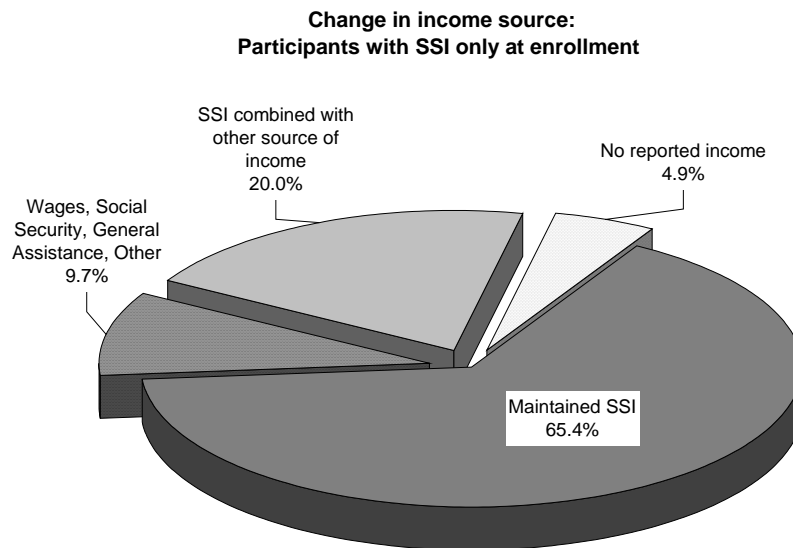


¹⁰Participants have been in the SHIA programs for varying lengths of time. Data from participants' most recent evaluation were used in the analyses. These data represent participants who were in the program for between 3 to 24 months; average length in program = approximately 6 months.

¹¹ 244 participants who had no income at enrollment and also had reliable data at a later assessment of income status were included in the analyses.

Figure 7 shows the most recent income status of participants who had only Supplemental Security Income (SSI) at enrollment¹². Over 65% maintained just their SSI income, while 20% increased their income by combining their SSI income with other sources, e.g., wages, social security, other. An additional (approximately) 15% were no longer receiving SSI at their most recent assessment of income; however, approximately two-thirds of them had replaced SSI with another income source, including wages from gainful employment.

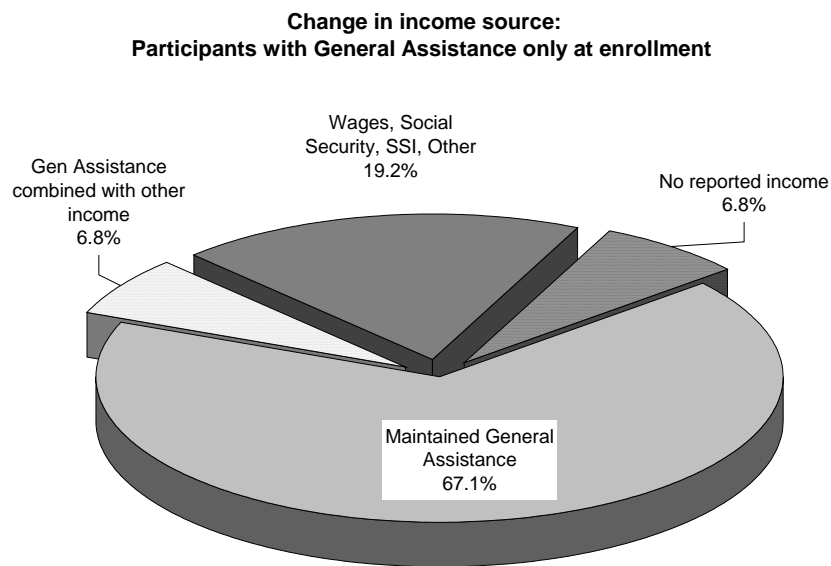
Figure 7.



¹² 185 participants who had SSI at enrollment and also had reliable data at a later assessment of income status were included in the analyses.

Figure 8 similarly shows the most recent income status of participants who were receiving General Assistance (GA) at enrollment¹³. Although approximately 67% continued to receive GA only, about 7% began increasing this income by combining it with other income sources, e.g., wages, social security, other. Although approximately 7% reported not receiving any income at the latest assessment, over 19% were able to discontinue GA in favor of other individually appropriate income sources (e.g., SSI, wages, social security).

Figure 8.

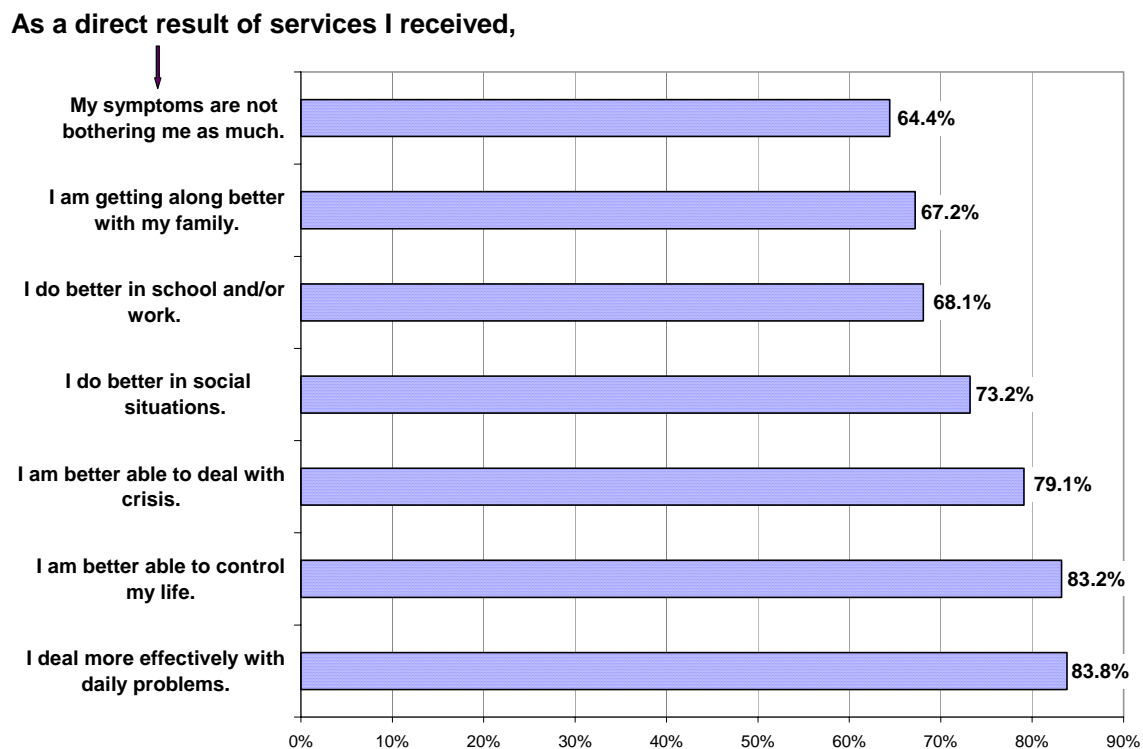


¹³ 73 participants who had SSI at enrollment and also had reliable data at a later assessment of income status were included in the analyses.

Improvement in Functioning

Participant functioning as a result of SHIA services is of particular interest to SHIA programs. Data on participants' functioning were obtained at six-month intervals and at program completion¹⁴. Figure 9, below, illustrates the percentages of SHIA participants who reported improvement with respect to seven areas of personal functioning.

Figure 9. The Majority of Participants Report Improvement In Seven Areas of Functioning



SHIA services dramatically affected participants' ability to deal more effectively with daily problems (83.8%), ability to control their lives (83.2%), and ability to deal with crisis (79.1%). These global improvements in functioning show the remarkable, positive impact that SHIA programs are having on participants' general sense of themselves and how they are able to function in the world. Additionally, over 73% of participants reported dealing better in social situations as a result of SHIA program involvement. This result demonstrates that with stable housing and adjunct SHIA services, participants are becoming more a part of their communities. Slightly fewer participants reported symptom reduction,

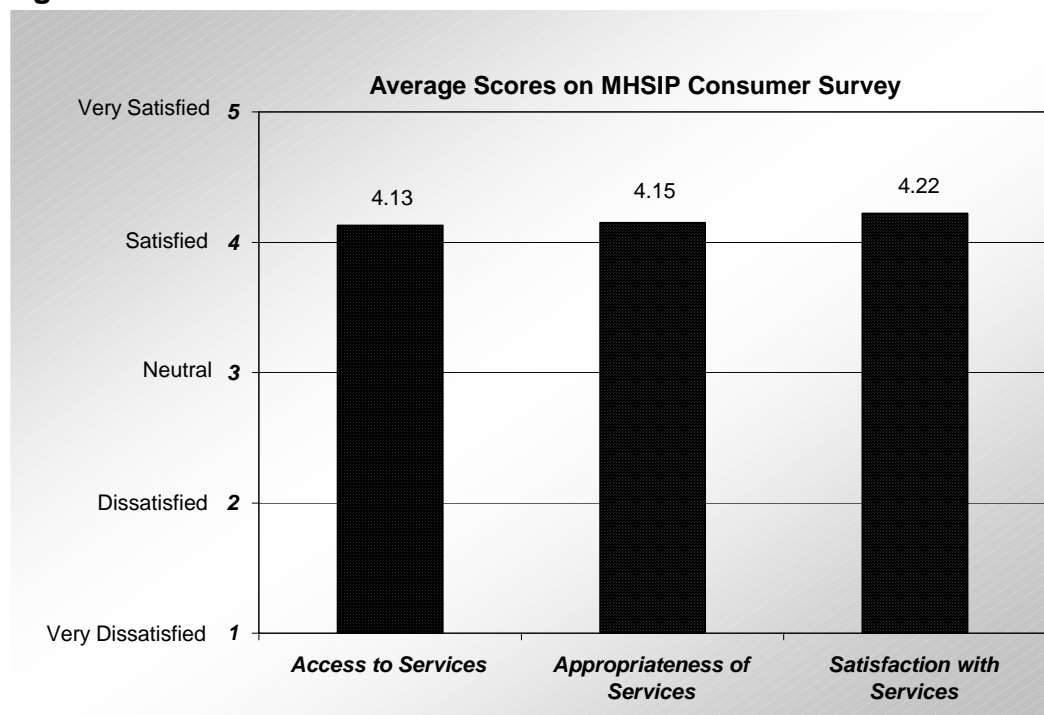
¹⁴ Participant functioning as a result of services is assessed with the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey at six-month intervals and when they leave the program. Results shown reflect SHIA participants' most recent report regarding their functioning (N=765).

and family and school/work improvement as a result of SHIA services. Because change in these areas may involve commitments on the part of others (e.g., family members), or changes/increases in aptitudes, skill sets, and education, change along the family and school dimensions may reflect a more continuous or longer term process. Similarly, with regard to symptom reduction, although SHIA may be able to provide improvements in physical comfort, and liaisons and coordination with health and mental health services, some of the more major, chronic or degenerative conditions may not be substantially impacted. Overall, however, the majority of participants (64% to nearly 84% depending upon the area of functioning) reported improvement as a direct result of SHIA services.

Participant Satisfaction with Services

The Department of Mental Health and SHIA programs, themselves, are very interested in determining the level of participant satisfaction in order to inform quality improvement processes. Participant perceptions in three areas pertinent to SHIA programs are reported in Figure 10, below: (1) Access to Services, (2) Appropriateness of Services, and (3) General Satisfaction with Services¹⁵.

Figure 10.



¹⁵ Participants are asked to complete the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey at six-month intervals and when they leave the program. Results shown reflect SHIA participants' most recent service evaluation survey (N=765). Participant perceptions are rated on a 5-point scale, with a score of 5 being the most positive and a score of 1 being the least positive. Generally, an average score of 3.5 or higher is deemed a positive perception of services.

Results show that overall, participants are quite satisfied with services they receive through SHIA programs; access, appropriateness and general satisfaction with services were all rated quite high. SHIA programs, however, continue to strive to provide better and better services to their participants.

IMPLICATIONS AND FUTURE DIRECTIONS

SHIA legislation and resulting programs address a public health need and recognize the vital relationship between a stable home and the opportunity to stabilize functioning and improve quality of life. They also present an opportunity to more effectively meet the needs of individuals with disabilities by providing them with appropriate supportive services tailored to their specific needs. The essential combination of safe housing and meaningful services is at the heart of all SHIA programs.

The third year of SHIA expansion has seen the number of programs grow by fifteen and the number of participants served increase to 2,151. Program evaluation results continue to demonstrate that SHIA programs are (1) serving the intended target populations, (2) are effective in providing housing and supportive services that increase participant quality of life and functioning, and (3) that participants are pleased with the services provided to them.

As we progress into the fourth year of SHIA program development and evaluation, we continue to gather information on the success California has had in realizing what was previously only a hope for housing stability and improved quality of life for disabled people. The Department of Mental Health and SHIA programs demonstrate their accountability for both funding and public trust through evaluation results and a committed adherence to legislative intent. Ongoing evaluation and oversight also provide the best means of identifying and defining the most effective models of supportive housing that result in people with disabilities living independently and successfully within our communities.